

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17458

FILED MAY 17 1944

Registration District No. 17458

Primary Registration District No. 3734

State File No. 443

Registrar's No. 443

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural #1, Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not (Specify whether)  
In this community 55 years  
years, months or days

3. (a) PRINT FULL NAME Eliza M. Eiman

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Fred Eiman  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 1 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	6	hr. min.

9. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name John Kuntz  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. A. Eiman  
(b) Address R.R. #1, St. Joseph, Missouri  
17. (a) Burial (b) Date thereof 4/10/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Meierhoff  
(b) Address 1302 Faraon St. St. Joseph, Mo.  
19. (a) 4/10/44 (b) Rose Skrzog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural #1, St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. ( )  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ( )

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1944 hour 7 minute 30 P.  
21. I hereby certify that I examined the deceased from on April 7th, 1944 to       , 19      ;  
that I last saw him alive on April 7th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by hanging Duration 1 day  
1640

Due to Woman hanged herself while alone in her home  
Other conditions she had been working about two of her nephews in the garage, and was said to have had some heart disease.  
Major findings: Of operations no Of autopsy no Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence April 7 - 1944  
(c) Where did injury occur? St. Joseph, Buchanan, Mo. (City) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In her home on R.R. #1  
While at work? no (Specify type of place) (e) Means of injury Strangulation

23. Signature H. F. Mundy (M. D. or other) Crowner  
Address 1044 So 3rd Date signed 4/8/44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Albert E. Harrington*

Licensed Embalmer No.

*325-8 Mo.*

P. O. Address

*St. Joseph, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**